

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**
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7590

08/08/2008

Andrea G. Reister
Covington & Burling
1201, Pennsylvania Avenue, NW
Washington, DC 20004



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,059	10/17/2003	Henry R. Costantino	1733.2025-004	8156

TITLE OF INVENTION: MICROENCAPSULATION AND SUSTAINED RELEASE OF BIOLOGICALLY ACTIVE POLYPEPTIDES

11/07/2008 FMDHAMH1 00000023 10688059

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE 02 FL:1501 03 FL:8841	TOTAL FEE(S) DUE	1510.00 OP 300.00 OP 30.00 OP
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CORDERO GARCIA, MARCELA M	1654	424-468000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Andrea G. Reister 2 Covington & Burling LLP 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0740 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Andrea G. Reister

Date November 6, 2008

Typed or printed name Andrea G. Reister

Registration No. 36,253

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fee Transmittal For FY 2009		Complete if Known	
		Application Number	10/688,059-Conf. #8156
		Filing Date	October 17, 2003
		First Named Inventor	Henry R. Costantino
		Examiner Name	M. M. Cordero Garcia
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1654
TOTAL AMOUNT OF PAYMENT (\$) 1,840.00		Attorney Docket No.	000166.2025-US02

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account		Deposit Account Number: <u>50-0740</u>		Deposit Account Name: <u>Covington & Burling LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

Fee Calculation							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Fee (\$) Fee (\$) 52 26							
Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$) 220 110							
Multiple dependent claims Fee (\$) Fee (\$) 390 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 18 - 20 or HP x = _____ Fee (\$) Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1 - 3 or HP = x = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = _____ = Fees Paid (\$)							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Fee (\$) 1501 Utility issue fee 1,510.00 1504 Publication fee for early, voluntary, or normal ... 300.00 8001 Printed copy of patent w/o color 30.00							

SUBMITTED BY	
Signature	
Name (Print/Type)	Andrea G. Reister
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Telephone	(202) 662-5141
Date	November 6, 2008